

BCC NAME PERSONS WITH DISABILITIES, COMMITTEE FOR
COUNTY DEPARTMEN HUMAN RESOURCES **CONTACT PERSO** SUSAN ELDRIDGE
PHONE NUMBER (858) 694-2788 **MAILSTOP** 076 **FAX NUMBER** (858) 694-2520

E-Mail Address:

| | | | | | | | |
|---------------------|----------------------|------------|----|---------------------|----------------------|-------------|----------|
| MEMBER NAME | Bailes, Catharine G. | | | | | | |
| APPOINTMENT | 9/20/2005 | MO# | 28 | EXPIRATION | 1/5/2009 | TERM | COINCIDE |
| NOMINATED BY | District 2 | | | APPOINTED BY | Board of Supervisors | | |
| REQUIREMENT | | | | COMMENTS | 2nd term | | |

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|---------------------|-----------------|------------|----|---------------------|----------------------|-------------|----------|
| MEMBER NAME | Camp, Jackie R. | | | | | | |
| APPOINTMENT | 3/1/2005 | MO# | 15 | EXPIRATION | 1/8/2007 | TERM | COINCIDE |
| NOMINATED BY | District 5 | | | APPOINTED BY | Board of Supervisors | | |
| REQUIREMENT | | | | COMMENTS | 2nd Term | | |

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|---------------------|----------------|------------|----|---------------------|----------------------|-------------|-----------|
| MEMBER NAME | Campbell, John | | | | | | |
| APPOINTMENT | 2/1/2005 | MO# | 10 | EXPIRATION | 1/5/2009 | TERM | SEE FACTS |
| NOMINATED BY | District 3 | | | APPOINTED BY | Board of Supervisors | | |
| REQUIREMENT | | | | COMMENTS | 1st appt. 11/10/98 | | |

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|---------------------|-----------------------------|------------|----|---------------------|----------------------|-------------|----------|
| MEMBER NAME | Emerson, Deborah Turner | | | | | | |
| APPOINTMENT | 1/24/2006 | MO# | 15 | EXPIRATION | 1/5/2009 | TERM | COINCIDE |
| NOMINATED BY | District 2 | | | APPOINTED BY | Board of Supervisors | | |
| REQUIREMENT | Disabled San Diego Resident | | | COMMENTS | 1st appt 1/24/06 | | |

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|---------------------|------------------------------------|------------|----|---------------------|----------------------|-------------|---------|
| MEMBER NAME | Hamrick, Royce (Chair) | | | | | | |
| APPOINTMENT | 9/21/1993 | MO# | 53 | EXPIRATION | 9/21/1999 | TERM | 2-YEARS |
| NOMINATED BY | MEMBER-AT-LARGE (NOMINATED BY CPD) | | | APPOINTED BY | Board of Supervisors | | |
| REQUIREMENT | Member-At-Large | | | COMMENTS | | | |

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|---------------------|-----------------------------|------------|----|---------------------|----------------------|-------------|----------|
| MEMBER NAME | Haynes, Alane | | | | | | |
| APPOINTMENT | 7/26/2005 | MO# | 17 | EXPIRATION | 1/8/2007 | TERM | COINCIDE |
| NOMINATED BY | District 5 | | | APPOINTED BY | Board of Supervisors | | |
| REQUIREMENT | Disabled San Diego Resident | | | COMMENTS | 1st term | | |

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|---------------------|-------------------|------------|----|---------------------|----------------------|-------------|----------|
| MEMBER NAME | Hernandez, Daniel | | | | | | |
| APPOINTMENT | 2/12/2002 | MO# | 15 | EXPIRATION | 1/3/2005 | TERM | COINCIDE |
| NOMINATED BY | District 1 | | | APPOINTED BY | Board of Supervisors | | |
| REQUIREMENT | | | | COMMENTS | | | |

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|---------------------|-----------------------------|------------|----|---------------------|----------------------|-------------|----------|
| MEMBER NAME | Phillips, Thomas | | | | | | |
| APPOINTMENT | 3/28/1995 | MO# | 56 | EXPIRATION | 1/4/1999 | TERM | COINCIDE |
| NOMINATED BY | District 4 | | | APPOINTED BY | Board of Supervisors | | |
| REQUIREMENT | Disabled San Diego Resident | | | COMMENTS | | | |

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|---------------------|-----------------------------|------------|----|---------------------|----------------------|-------------|----------|
| MEMBER NAME | Sparks, Matthew J. | | | | | | |
| APPOINTMENT | 2/1/2005 | MO# | 10 | EXPIRATION | 1/5/2009 | TERM | COINCIDE |
| NOMINATED BY | District 3 | | | APPOINTED BY | Board of Supervisors | | |
| REQUIREMENT | Disabled San Diego Resident | | | COMMENTS | 1st full term | | |

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|---------------------|------------|------------|--|---------------------|----------------------|-------------|----------|
| MEMBER NAME | VACANT | | | | | | |
| APPOINTMENT | | MO# | | EXPIRATION | | TERM | COINCIDE |
| NOMINATED BY | District 4 | | | APPOINTED BY | Board of Supervisors | | |
| REQUIREMENT | | | | COMMENTS | | | |

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CONTACT PERSO

SUSAN ELDRIDGE

PHONE NUMBER

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MAILSTOP

O76

FAX NUMBER

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E-Mail Address:

MEMBER NAME

VACANT

APPOINTMENT

MO#

EXPIRATION

TERM

COINCIDE

NOMINATED BY

District 1

APPOINTED BY

Board of Supervisors

REQUIREMENT

Disabled, SD Resident

COMMENTS